“Medical Ethics”
—Efforts of JAMS Specialty Societies in Japan—


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Abstract
The principal purpose of medical specialty societies is the advancement and dissemination of scientific study, and thus they have been highly regarded as places for presenting research reports. In addition, specialty societies are now addressing social problems and the issues of physician’s ethics in clinical practice with strong awareness of their social responsibility as professional associations, reflecting the increasing interest in research ethics and as a result of the fact that they are entrusted with the responsibility for certifying specialist physicians.

Mainly based on the results of a questionnaire survey on the 97 specialty societies (as of March 31, 2003) affiliated with the Japanese Association of Medical Sciences (JAMS), the present state and problems of the actions of these societies addressing medical ethics issues were examined.

Of the 97 specialty societies, 32 had an ethics committee inside their organization. These societies clarified their positions regarding ethics in research execution and presentation, as well as the ethical problems relating to organ transplantation, genetic testing, reproductive medicine, etc., to help improve the ethical quality of members. Among others, the Japan Society of Obstetrics and Gynecology has long endeavored to develop ethics guidelines in the field of reproductive medicine and ensure that members comply with these guidelines.

The JAMS specialty societies are associations with voluntary membership, and their legal capabilities are limited. However, they have social responsibilities as professional associations, and they must strive for improvement of the ethical quality of members. Since it may be difficult in some cases to reach a consensus regarding ethical issues within a society, it is important to seek external cooperation.

Key words JAMS specialty societies, Ethics committee, ELSI, Japan Society of Obstetrics and Gynecology, Reproductive medicine

Introduction
With the recent progress of medical science and medical care, problems related to medical ethics have become important issues of public concern. This situation necessitates that all professionals involved in medicine and medical care straighten themselves out and promptly endeavor to improve the ethical quality of their practice.

Medical ethics includes a wide range of issues from bioethics to clinical ethics and vocational ethics. One of the issues requiring
particular emphasis is the roles played by associations of professionals in various fields of medical science and medical care, i.e., the Japan Medical Association (JMA) and the Japanese Association of Medical Sciences (JAMS) specialty societies (hereinafter referred to as “societies”) in establishing and ensuring compliance with ethical codes of conduct.

While ethics is essentially an internal, private and non-mandatory matter, the acts and behavior of persons in medical care and research as part of their profession need to be controlled under widely-accepted ethical rules observed by every professional. Ethical issues of particular importance are regulated by national laws and administrative guidance, but such legal and administrative regulation has inherent limitations. Basically, professional associations should establish rules and enforce self-imposed control over ethical issues.

In this situation, JMA and specialty societies have recently been clarifying their positions concerning ethical problems for the public and endeavoring to improve the ethical quality of members. This article examines how medical societies in Japan are addressing ethical issues and discusses problems in their endeavors.

**Actions Concerning Ethical Issues Taken by JAMS Specialty Societies**

Main medical societies in Japan are affiliated with JAMS, which is an organization under JMA. As of March 31, 2003, there were 97 affiliated societies (99 at the present count). Based mainly on the results of a questionnaire survey conducted by the JMA secretariat, the actions of these societies addressing ethical issues were examined.

1. **Ethical principles and ethical committees of societies**

Of the 97 societies, 8 had announced codes of ethics. These societies and those having ethical provisions in the articles of association amounted to 22 societies.

On the other hand, 32 societies had ethical committees or equivalent, many of which had been established in recent years (Fig. 1).

Many societies are intended to serve as places for research presentation and academic information exchange for the principal purpose of promoting advancement and development of academic study. Hence, they traditionally did not pay much attention to the issues of ethics in medical care and research. However, this situation has begun to change. The ethical, legal, and social issues (ELSI) related to medical research have become the subject of intense argument. Societies related to clinical fields are urged to train certified physicians and specialist physicians. The amendment of legal regulation has enabled hospitals and clinics to announce practice in specific specialties. Each medical society now bears an important responsibility to guarantee the quality of physicians as specialists for the public. Societies are now directing much attention to the member’s acquisition of specialist knowledge and skills, as well as ethical issues.

2. **Subjects covered by ethical committees of societies**

The subjects covered by ethical committees vary from society to society. In an overview, these include (1) animal experiments, in particular the welfare and protection of
laboratory animals; (2) use of autopsy organs and pathological specimens in research and education; (3) cerebral death and organ transplantation; (4) corpses in abnormal conditions; (5) psychiatric medicine and laws, gender identity disorders, psychiatric research and human rights; (6) genetic testing, analysis of human genome and genes; (7) research in the field of congenital anomalies; (8) blood transfusion to Jehovah’s Witnesses; (9) reproductive medicine and assisted reproductive technology; (10) presentation of research reports; (11) sanctions against member’s tort; (12) recommending expert witnesses; etc. Though not directly related to ethical issues, actions in response to the increasing media reports of medical accidents have also been taken, including the system for accident reporting from members, establishment of safety measures committees, and enhanced training for physicians repeating medical accidents.

As seen in the above, various societies are now strongly interested in ethical issues, ensuring the member’s compliance with ethical codes and making social statements. The most typical example of specialty societies that have been faced with a demanding need to address medical ethics issues may be the Japan Society of Obstetrics and Gynecology. The following section will examine and review the activities of this society, and discuss the problems which it faces.

**Activities of the Ethical Committee of the Japan Society of Obstetrics and Gynecology**

The Japan Society of Obstetrics and Gynecology (JSOG) has long had an ethical committee within the Board of Directors to discuss issues of reproductive medicine. Since it was reorganized as a separate committee in 1984, the Ethical Committee has been issuing many opinions and guidelines, and requesting members to comply with them (Table 1). These guidelines have undoubtedly had a major influence on the practice of many physicians, both members and non-members.

One of the most notable disputes occurred in 1973, when Dr. K, a physician in Miyagi Prefecture, was found to have been mediating the adoption of babies against the related laws. He advised pregnant women, who did not wish to have children for some reason, to avoid abortion, and issued false birth certificates stating that the babies were born to other women who wanted to foster the babies. These babies were registered as the biological children of these women and their husbands. This “true child” mediation case attracted much publicity in the media.

In 1975, JSOG and its regional branch dismissed Dr. K from membership. Consequently, the Miyagi Prefectural Medical

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<th>Table 1 Notifications of Japan Society of Obstetrics and Gynecology (as of March 31, 2004)</th>
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<td>• Opinions concerning “in vitro fertilization and embryo transplantation” (October 1983)</td>
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<td>• Opinions concerning the research using human sperm, eggs, and preembryo (March 1985, revised January 2002)</td>
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<td>• On the “registration and reporting system” concerning the “clinical implementation of in vitro fertilization and embryo transplantation” (March 1986)</td>
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<td>• Opinions concerning whether and to what extent the organs from dead fetuses and dead newborns may be used in research (January 1987)</td>
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<td>• Opinions on fetal diagnosis of congenital anomalies, in particular chorionic villus sampling in early pregnancy (January 1988)</td>
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<td>• Opinions concerning the frozen storage of human preembryos and eggs and the preembryo transplantation (April 1988)</td>
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<td>• Opinions concerning the clinical implementation of microscopic insemination (January 1992)</td>
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<td>• Opinions concerning the safety of Percoll in X-Y sperm separation (August 1994)</td>
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<td>• Opinions concerning “multi-fetal pregnancy” (February 1996)</td>
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<td>• Opinions concerning “artificial insemination by donor and sperm donation” (May 1997)</td>
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<td>• Opinions concerning “the scope of clinical application of human in vitro fertilization and preembryo transplantation” and “pre-implantation diagnosis” (revised July 5, 1999)</td>
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<td>• Opinions concerning surrogate motherhood (April 2003)</td>
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Association revoked the designation under the former Eugenic Protection Act (the responsibility for designating physicians under the former Eugenic Protection Act and the present Maternal Protection Law resides in prefectural medical associations; Article 14 of the Maternal Protection Law). Dr. K was prosecuted, and was fined for violating the Medical Practitioners Law and for making and using counterfeit authentic deeds in 1978. Based on this criminal conviction, his physician's license was suspended in 1979. Dr. K appealed for the withdrawal of this administrative disposition, but the High Court and the Supreme Court dismissed his appeal. However, Dr. K received much sympathy, as his actions were conducted from the standpoint of social justice to save the lives of fetuses (and newborn babies). This prompted the movement toward the creation of the special adoption system, and the legislature for special adoption (e.g., Articles 817-2 to 817-11 of the Civil Code) was enforced in 1988.

There was another old dispute on the long-standing issue of artificial insemination by donor (AID). The first case of the birth of a child by means of AID in Japan took place as early as 1949, and a limited number of facilities subsequently continued the practice of AID. From the beginning, there were arguments both for and against it. While JSOG was considering this issue, it did not express its position for many years. AID had been performed by connivance until JSOG finally made an announcement to permit it in 1997.

In 1986, a controversy was raised by the media coverage that Dr. N in Nagano Prefecture performed multi-fetal pregnancy reduction. The problem of multi-fetal pregnancy arose with the widespread use of in vitro fertilization. At the time, the Association of the Japan Maternity Protection Doctors objected to fetal reduction, but JSOG did not express its opinion. Although JSOG stated later in 1997 that the number of embryo transplants in extracorporeal insemination should be limited to 3 or less to avoid multi-fetal pregnancy, it withheld judgment as to whether fetal reduction is acceptable or not, and this issue remains unresolved today.

In 1998, the aforementioned Dr. N was reported to have performed in vitro fertilization using donor eggs. JSOG considered it a breach of the Society’s guidelines published in 1983, and immediately revoked the membership of Dr. N. The President of JMA supported this decision, but Nagano Medical Association did not revoke the designation under the Maternity Protection Law. Recently, Dr. N promised to observe the Society’s guidelines, and his membership was restored.

Among the most recent incidents, Dr. O in Hyogo Prefecture was dismissed from membership of JSOG for conducting sex selection using preimplantation diagnosis which is against the JSOG guideline.

As the above examples indicate, there have been many occasions in which new techniques were used before the Society expressed its position and procedures were performed against the Society’s guidelines. JSOG has had major difficulties coping with such problems. While issues related to reproduction pose delicate problems for physicians conducting diagnosis and treatment, even physicians and medical scientists specializing in this field often find it difficult to reach a consensus on these issues. Because the member’s affiliation to the Society is voluntary, there are limitations on the ability of the Society to enforce its guidelines. The past experience of JSOG provides many insights that may help improve the capability of other professional associations in resolving ethical issues.

Conclusion

As associations of medical specialists, specialty societies have been playing the role of providing places for research presentation principally for the sake of the advancement of academic study. However, the situation
has changed as a result of the facts that the importance of research ethics has become emphasized and medical societies in clinical fields are now engaged in the system for certified physicians and specialist physicians. Medical Societies achieving a certain level of quality are now entrusted with the responsibility for certifying the qualification of physicians that can announce practice specific specialties. As these societies must guarantee the quality of specialist physicians for the public, they are suddenly being faced with the significant need for ensuring the member’s performance in the acquisition of medical knowledge and skills, as well as compliance with ethics.\(^1\)

On the other hand, there still remain many problems and issues with regard to the development of the specialist physician system in Japan.\(^2\) And as exemplified by the issues in reproductive medicine, ethical problems often pose difficulties in a consensus being reached among members. Questions are also raised over the effectiveness of the professional association’s self-imposed regulation in ensuring the compliance with ethical codes. To deal with these problems, various schemes may need to be devised and utilized, such as seeking assistance from third-party specialists outside the medical society. Each society should strive to make itself a transparent organization trusted by the public.

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